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APPLICANTS

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**** CONTINUING DATA ******* *NONE (TSG)*

**** FOREIGN APPLICATIONS ******* *NONE (TSG)*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
**** 06/26/2004**

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 32	TOTAL CLAIMS 28	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>Ted G.</i> Examiner's Signature	<i>TSG</i> Initials			

ADDRESS
26161

TITLE

Predictive model validation

FILING FEE RECEIVED 522	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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